

NONCITIZEN STUDENT APPLICATION FOR ROTC TRAINING (AR 145-350)		DATE
LAST NAME - FIRST NAME - MIDDLE NAME (without abbreviations)		AGE
PLACE OF BIRTH (City or Town, County, District, Province or State and Country)		DATE OF BIRTH (Month-Day-Year)
IT IS MY INTENTION TO BECOME A CITIZEN OF THE UNITED STATES.		
<p>THE STATEMENTS I HAVE MADE AND THE INTENTION I HAVE EXPRESSED IN THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p style="text-align: right;">_____ (Full and true signature of student)</p>		
WITNESSED BY		
DATE	TYPED NAME OF PMS OR ASST PMS	SIGNATURE

DA FORM 1624-R, 1 AUG 1961

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

APD LC v1.00ES